



# KANSAS

## DEPARTMENT OF HEALTH & ENVIRONMENT

BILL GRAVES, GOVERNOR

Gary R. Mitchell, Secretary

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June 1, 1998

Mr. Ron Robertson  
Laidlaw Environmental Services  
2549 North New York  
Wichita, Kansas 67219

Re: Hazardous Waste Compliance Inspection  
EPA-Identification Number: KSD 007 246 846

Dear Mr. Robertson:

I have received a letter dated May 29, 1998 from you which provides documentation that you have taken action to correct deficiencies found during a March 10, 1998 hazardous waste compliance inspection. I now show that you have corrected the cracks in the secondary containment structure and have addressed the storage of ignitable wastes in permitted areas. I have noted that the updates to your Subpart BB program should be completed by June 30, 1998. When complete, please send me notice so I can update your file.

Last week I talked to David Cox and he told me that you have not submitted updated site plans to our permitting section as you noted in your May 7, 1998 response letter. Please submit your site plans as soon as possible to David Cox so your permit can be up to date.

Your cooperation with the hazardous waste management program is appreciated. If you have any question, please call me.

Sincerely,

Michael R. McCord, CHMM  
Waste Management Programs  
Bureau of Environmental Field Services

c: John Mitchell, BWM  
Ron Smith, BWM  
NCD-file



R00121658  
RCRA RECORDS CENTER



May 29, 1998

Michael R. McCord, CHMM  
Waste Management Programs  
Bureau of Environmental Field Services  
North Central District Office  
2501-D Market Place  
Salina, Kansas 67401-7699

RECEIVED

JUN 01 1998

SALINA OFFICE  
KDHE

Re: Hazardous Waste Compliance Inspection  
EPA Identification Number KSD007246846

Dear Mr. McCord:

Thank you for your letter of May 7, 1998. Following are our responses to the issues which remain from your inspection of this facility on March 10, 1998.

- The secondary containment structure at the drum dock was completely resealed, including any cracks and gaps, on April 18.
- The facility has contracted with a consultant to perform an extensive review and revision of our Subpart BB program. This consultant will be available during the week of June 15, and we expect to complete the revision by June 30, 1998. We will notify you as soon as this work is complete.
- Drums which contain EPA hazardous wastes D001 and D003 will be identified when they are received into the facility and stored only in Container Management Units which are permitted for these materials.

Please call me if you have any further questions about these matters.

Sincerely,

Ronald K. Robertson, CHMM

cc: R. Dunn  
B. Ross



RECEIVED

JUN 12 1998

Hazardous Waste Compliance  
Monitoring and Enforcement LogFORM  
A

Handler

ID Number K S 1007246846 LDF ( ) TSF (X) GEN (X) KG ( ) SQ ( ) TRA ( )  
HWM (X) HWB ( ) UOM ( ) UOB ( ) NOT A GEN ( )Handler Name: Laidlaw Env. ServicesStreet: 2549 N. New YorkCity: WichitaCounty: SG

## EVALUATION

New ☐

Followup: Date (on site)

Date (of letter)

M M

D D

Y Y

Delete ☐Date 98 03 10Agency SType CSEReason 01Person MRMDistrict NC

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

SC

## Generator

GER NA GPT ☐  
GGR ☐ GRR ☐  
GLB ☐ GSC ☐  
GMR ☐ GSQ NA  
GOR NA

## Transporter

TGR ☐  
TMR ☐  
TOR ☐  
TRR ☐  
TWD ☐

## Treatment/Storage/Disposal Facility

DCH ☐ DGW ☐ DMC ☐ DPP ☐  
DCL ☐ DIN ☐ DMR ☐ DSI ☐  
DCP ☐ DLB ☐ DOR ☐ DTR ☐  
DFR ☐ DLF ☐ DOT ☐ DTT ☐  
DGS ☐ DLT ☐ DPB ☐ DWP ☐

## Other

BRR ☐  
CAS ☐  
CSS ☐  
FEA ☐  
ILD ☐Used Oil UOM ☐ UOB ☐ UTM ☐ SUM ☐ SUB ☐

## COMMENTS

VIOLATION # 1

Date Determined

M M

D D

Y Y

New ☐Change ☒Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

Regulation Citation: KAR 28-31-4(g)(1)Description: Ignitable waste

Returned to Compliance

within 50' of  
property line

Sch'd

M M

D D

Y Y

Actual

05

30

98

Actual

06

01

98

VIOLATION # 2

Date Determined

M M

D D

Y Y

New ☐Change ☒Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

Regulation Citation: P.C. III-J-1Description: Storing Ignitable

Returned to Compliance

waste in unpermitted  
units

Sch'd

M M

D D

Y Y

Actual

05

30

98

Actual

06

01

98

VIOLATION # 3

Date Determined

M M

D D

Y Y

New ☐Change ☒Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

Regulation Citation: KAR 28-31-8Description: Cracks in  
2<sup>o</sup> containment

Returned to Compliance

Sch'd

M M

D D

Y Y

Actual

05

30

98

Actual

06

01

98

VIOLATION # 4

Date Determined

M M

D D

Y Y

New ☐Change ☒Delete ☐Comments ☐

Agency

Number

Area

Class

Priority

Type

Regulation Citation: P.C. V.G.2Description: Subpart BB

Returned to Compliance

violation

Sch'd

M M

D D

Y Y

Actual

06

30

98

Actual

06

01

98

Laidlaw Environmental Services

# Hazardous Waste Compliance Monitoring and Enforcement Log

FORM  
B

ID Number **K S**                       Handler Name: \_\_\_\_\_

|                              |                                 |  |                                   |          |          |     |
|------------------------------|---------------------------------|--|-----------------------------------|----------|----------|-----|
| VIOLATION # _____            |                                 | Date Determined                            |                                   | M M      | D D      | Y Y |
| New <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input checked="" type="checkbox"/> | Comments <input type="checkbox"/> |          |          |     |
| Agency                       | Number                          | Area                                       | Class                             | Priority | Type     |     |
| <b>S</b>                     | <b> </b>                        | <b> </b>                                   | <b> </b>                          | <b> </b> | <b> </b> |     |
| Regulation Citation: _____   |                                 |  |                                   |          |          |     |
| Description: _____           |                                 |  | Returned to Compliance            |          |          |     |
| _____                        |                                 |  | M M                               | D D      | Y Y      |     |
| _____ Sch'd                  |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |
| _____ Actual                 |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |

|                              |                                 |  |                                   |          |          |     |
|------------------------------|---------------------------------|--|-----------------------------------|----------|----------|-----|
| VIOLATION # _____            |                                 | Date Determined                            |                                   | M M      | D D      | Y Y |
| New <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input checked="" type="checkbox"/> | Comments <input type="checkbox"/> |          |          |     |
| Agency                       | Number                          | Area                                       | Class                             | Priority | Type     |     |
| <b>S</b>                     | <b> </b>                        | <b> </b>                                   | <b> </b>                          | <b> </b> | <b> </b> |     |
| Regulation Citation: _____   |                                 |  |                                   |          |          |     |
| Description: _____           |                                 |  | Returned to Compliance            |          |          |     |
| _____                        |                                 |  | M M                               | D D      | Y Y      |     |
| _____ Sch'd                  |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |
| _____ Actual                 |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |

|                              |                                 |  |                                   |          |          |     |
|------------------------------|---------------------------------|--|-----------------------------------|----------|----------|-----|
| VIOLATION # _____            |                                 | Date Determined                            |                                   | M M      | D D      | Y Y |
| New <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input checked="" type="checkbox"/> | Comments <input type="checkbox"/> |          |          |     |
| Agency                       | Number                          | Area                                       | Class                             | Priority | Type     |     |
| <b>S</b>                     | <b> </b>                        | <b> </b>                                   | <b> </b>                          | <b> </b> | <b> </b> |     |
| Regulation Citation: _____   |                                 |  |                                   |          |          |     |
| Description: _____           |                                 |  | Returned to Compliance            |          |          |     |
| _____                        |                                 |  | M M                               | D D      | Y Y      |     |
| _____ Sch'd                  |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |
| _____ Actual                 |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |

|                              |                                 |  |                                   |          |          |     |
|------------------------------|---------------------------------|--|-----------------------------------|----------|----------|-----|
| VIOLATION # _____            |                                 | Date Determined                            |                                   | M M      | D D      | Y Y |
| New <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input checked="" type="checkbox"/> | Comments <input type="checkbox"/> |          |          |     |
| Agency                       | Number                          | Area                                       | Class                             | Priority | Type     |     |
| <b>S</b>                     | <b> </b>                        | <b> </b>                                   | <b> </b>                          | <b> </b> | <b> </b> |     |
| Regulation Citation: _____   |                                 |  |                                   |          |          |     |
| Description: _____           |                                 |  | Returned to Compliance            |          |          |     |
| _____                        |                                 |  | M M                               | D D      | Y Y      |     |
| _____ Sch'd                  |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |
| _____ Actual                 |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |

|                              |                                 |  |                                   |          |          |     |
|------------------------------|---------------------------------|--|-----------------------------------|----------|----------|-----|
| VIOLATION # _____            |                                 | Date Determined                            |                                   | M M      | D D      | Y Y |
| New <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input checked="" type="checkbox"/> | Comments <input type="checkbox"/> |          |          |     |
| Agency                       | Number                          | Area                                       | Class                             | Priority | Type     |     |
| <b>S</b>                     | <b> </b>                        | <b> </b>                                   | <b> </b>                          | <b> </b> | <b> </b> |     |
| Regulation Citation: _____   |                                 |  |                                   |          |          |     |
| Description: _____           |                                 |  | Returned to Compliance            |          |          |     |
| _____                        |                                 |  | M M                               | D D      | Y Y      |     |
| _____ Sch'd                  |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |
| _____ Actual                 |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |

|                              |                                 |  |                                   |          |          |     |
|------------------------------|---------------------------------|--|-----------------------------------|----------|----------|-----|
| VIOLATION # _____            |                                 | Date Determined                            |                                   | M M      | D D      | Y Y |
| New <input type="checkbox"/> | Change <input type="checkbox"/> | Delete <input checked="" type="checkbox"/> | Comments <input type="checkbox"/> |          |          |     |
| Agency                       | Number                          | Area                                       | Class                             | Priority | Type     |     |
| <b>S</b>                     | <b> </b>                        | <b> </b>                                   | <b> </b>                          | <b> </b> | <b> </b> |     |
| Regulation Citation: _____   |                                 |  |                                   |          |          |     |
| Description: _____           |                                 |  | Returned to Compliance            |          |          |     |
| _____                        |                                 |  | M M                               | D D      | Y Y      |     |
| _____ Sch'd                  |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |
| _____ Actual                 |                                 |  | <b> </b>                          | <b> </b> | <b> </b> |     |

**ENFORCEMENT**      New ☐      Change ☒      Delete ☐

Date Y Y M M D D 9 8 0 6 5 1      Number                  Agency S      Type 1 2 0      District N C      Person M R L

**COVERED VIOLATIONS**

| Agency   | Violation Number | Area         | Agency   | Violation Number | Area     | Agency   | Violation Number | Area     |
|----------|------------------|--------------|----------|------------------|----------|----------|------------------|----------|
| <b>S</b> | <b>4</b>         | <b>D G S</b> | <b>S</b> | <b> </b>         | <b> </b> | <b>S</b> | <b> </b>         | <b> </b> |
| <b>S</b> | <b> </b>         | <b> </b>     | <b>S</b> | <b> </b>         | <b> </b> | <b>S</b> | <b> </b>         | <b> </b> |
| <b>S</b> | <b> </b>         | <b> </b>     | <b>S</b> | <b> </b>         | <b> </b> | <b>S</b> | <b> </b>         | <b> </b> |
| <b>S</b> | <b> </b>         | <b> </b>     | <b>S</b> | <b> </b>         | <b> </b> | <b>S</b> | <b> </b>         | <b> </b> |

Comments: \_\_\_\_\_